

Unpaid Internship Program

We are excited about the possibility of having you join us as an Intern. As a leading Human Services provider, Vinfen provides a broad range of services to the individuals we serve. We welcome both undergrad and graduate interns to work in our programs or in our corporate office.

Application for Internship

Date:					
Student Informati	ion				
Last Name:			First Name:		
Email:			<u> </u>		
Local Address:			Apt./Unit #:		
City:	State:	Zip Code:	Phone #		
Have you ever been	employed by	Vinfen? ☐ Yes	□No		
If Yes: Location/Program			From: to		
Do you have relative	s employed b	y Vinfen? 🗌 Yes	□No		
If Yes, Please give the	eir name				
Have you ever had a claim of abuse and/or neglect substantiated against you by a licensing agency such as					
DPPC, DMH, DDS, or DMHAS? ☐ Yes ☐ No					
If Yes, please provide details:					
Current School Information					
Name of College or U	Jniversity:				
City, State of College	or University	<i>r</i> :			
Major or Program:					
Degree Type: ☐ Graduate ☐ Undergraduate			If Graduate: ☐ Clinical ☐ Non-Clinical		
			Placement: \Box 1 st year \Box 2 nd year \Box Doctoral		
Seeking an Internshi	p for: 🗌 Fal	I ☐ Spring	If Undergraduate: Freshman Sophomore		
	□ w	inter Summer	☐ Junior ☐ Senior		
School Advisor/Cont	act:		1		
Phone #:					



Why do you want to intern at Vinfen? What drew you in to working with Vinfen as opposed to another organization?
organization:
How would you like to get involved as an Intern? What role do you see yourself taking?
Vinfen had both administrative and field-based opportunities. Which departments/populations are of
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Please describe any relevant experience you have had in the social services field.				

If you have questions or concerns during your application process, please contact us at Internships@vinfen.org